# STATE OF NEW HAMPSHIRE



### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

I. Name of Lobb	yist(s) George	W. Rouss	os and Lir	ndsay E. Na	ıdeau		
II. Name of lobb	yist's partnershi	p, firm or corpo	ration, if any:				
Orr & Rer							
	(Name of partners)	nip, firm or corpora	tion)				
45 S. Mai	n St. PO	Box 3550	Concord	NH		03302	
Business Address:	(Street)	(To	wn/City)	(State)		(Zip Code)	
(603) 224-23		<u>(603) 22</u>		e-mail_ln	adeau@or	r-reno.com	
(Telepho	ne)		(Fax)				
III. This statemereportable expen	nt covers: (Choose transactions	se one – file seps which are not att	rate reports for ributable to any	each client, OR y one client).	you may file s	a separate report for	
All reportable			hs prior to the rep	orting date relativ	e to the follow	wing client:	
AmeriHeal	th Carita						
OR	(Full Name	of Client as it appea	rs on the Lobbyist	Registration Form)			
	transactions by tharticular client.	e lobbyist (includ	ling the lobbyist's	s family), or the lo	bbying firm li	isted below which are	
IV. Date of Repo	•	2017 🛘 Of registration to 3/2	31/17 acti	July 26, 2017 vity from 4/1/17 to 6			
		5, 2017 $\square$	uci.	January 31, 201			
		7/1/17 to 9/30/17	act	ivity from 10/1/17 to			
V. There have t If this box is check Concord, NH 0336	ed, complete jus						
VI. Check if addi	tional reports a	e attached:					
☑ If you have re			vou must file Ad	dendum A Fees	and Expenses		
☐ If you have pa Expense Reimburs	id an honorariun	•	<del>.</del>		•		
☐ If you, your fi	rm, or your fami	y has made politi	cal contributions,	you must file Ade	dendum C– P	Political Contributions	
Sworn Statement I have read RSA 1 and complete to th	5, RSA 15-B, RS	A 14-C and RSA		swear or affirm tha 1/31/18	at the foregoin	ng information is true	
(Signature of lobb					(Date)	RECEIVE	EC
(Print Name of lo						JAN 31 2018	

NEW HAMPSHIRE DEPARTMENT OF STATE T

### STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau

***	AMIN R. R	
Date 1/31/18		
relations,	lated, directly or indirectly, or public relations services ount reported shall not be	
a) \$	30,000.00	
	25,523.92	
c) <b>\$</b>	55,523.92	
d) \$	0.00	
elient and in a per greater penses; (been seals press than \$10 d with a varting periode of greater than \$25 expense r	enses made from lobbying f expenditures are made by ed for the lobbyist(s)/firm. total of all expenses paid) the aggregate total of all urchased during a business that is given to the person alue of \$25.00 or less); and dof greater than \$25.00 for er than \$25, purchase of a, but not greater than \$50, eimbursement, or political endum A.	
a) \$	0.00	
b) \$	0.00	
c) \$	0.00	
	that are re relations, oss fee am  a) \$ b) \$ c) \$ d) \$ ort all expelient and it may be file aggregate expenses; (be: meals prosent than \$10 d with a varting periode of greater than \$25 expense red on Added  a) \$ b) \$	

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees du	ring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	<del></del>
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the fore	going information
Small	1/31/1	
(Signature of lobbyist)	(Dat	te)
Lindsay E. Nadeau		
(Print Name of lobbyist)		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): AmeriHealth Caritas Date of Report (check one): April 26, 2017 □ July 26, 2017 □ October 25, 2017 □ January 31, 2018 ☒ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): 1 Addendum A(s). \_\_\_ Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Date) Lindsay E. Nadeau